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095 /PTO ev. 10/95	U.S. Department of Commerce Patent and Trademark Office			catio	n Number	10/051,720					
			Filing Date		January 15, 2002						
TRANSMITTAL FORM			First Named Inventor		Larry Voss						
(to be used for all correspondence during pendency of filed application)			Group Art Unit Number			3732					
			Examiner Name			David C. Comstock					
Total Number of Pag	ges in This Submission	4	Attorney Docket Number			80121-06551					
ENCLOSURES (check all that apply)											
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Information Disclosure Statement & PTO/SB/08A				After Allowance Communication to Group							
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Request for Corrected Filing Receipt				Request for Withdrawal as Attorney or Agent							
Request for Correction of Recorded Assignment				(in triplicate)							
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Status Request											
Revocation and Substitute Power of Attorney											
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M. W.	SIGNA	TURE OF	ATTO	RNI	EY OR AGEN	IT ,					
Signature:		a	ر ر	_ •	Sw	th					
Attorney/Reg. No.:	Albert C. Smith, Reg.	No. 20,355				Dated:	7(26(04)				
	(CERTIFICA	ATE O	FN	IAILING		· · · · · · · · · · · · · · · · · · ·				
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.											
Signature:		Q	رر	_^_	Smit	k					
Typed or Printed Nar	me: Albert C. Smith					Dated:	7(26(04)				
Express Mail Mailing	Number (optional):										



REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/051,720				
Filing Date	January 15, 2002				
First Named Inventor	Larry Voss				
Group Art Unit	3732				
Examiner Name	David C. Comstock				
Attorney Docket Number	80121-06551				

P.O. Box 1450											
I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.											
The reasons for this request are:											
The client knowingly and freely assents to termination of the employment.											
					·						
1. The corresponder	nce address is NOT affected by this wi	ithdrawal.									
2. Change the corres	spondence address and direct all futur	re correspo	endence to:								
Firm or	Alan W. Cannon										
Individual Name	·										
Address	Law Office of Alan W. Cannon										
Address	834 South Wolfe Road										
City	Sunnyvale	State	CA	Zip	94086						
Country	US										
Telephone	(408) 736-3554	(408) 736-3564	8) 736-3564								
 ☑ This request is made on behalf of myself and ☑ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number On whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments). 											
Name	Albert C. Smith	 /									
Signature	a.c. Smith										
Date	7(26/04										
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.											